

TECHNICAL ASSISTANCE REQUEST

A. Requestor Information

Requestor Name:

Position Title:

Organization:

Street:

City:

State:

Zip:

:

County:

Telephone:

Fax:

Email:

B. Technical Assistance Information

Type of Technical Assistance: ☐ Communication Accessibility Assessment

☐ Review of Policies and Procedures

Subject Area:

Date of Completion:

For Communication Accessibility Assessment only:

Date/Time:

Floor:

Room:

Location:

Street:

City:

State:

Zip:

C. Technical Information

Can you provide interpreter?

☐ Yes ☐ No

The Maryland Office of the Deaf & Hard of Hearing, as a service publicly funded by Maryland taxpayers, regrets that it cannot provide training or services outside of the State of Maryland.